

INSTRUCTIONS FOR COMPLETING DMC FORMS FOR NARCOTIC TREATMENT - PERINATAL

The EXCEL filename on the FY 2000-01 Cost Report Forms diskette for these two documents is "NTP – Perinatal - County". However, a separate worksheet has been created for each document within the file. The worksheets are "7895NTP-P-C" and "7990NTP-P-C". Do not enter information in the cells where a "0" is located; these areas will be automatically calculated.

Worksheet "7990NTP-P-C" is required for ALL Narcotic Treatment Programs and worksheet "7895NTP-P-C" is ONLY required when the program has both NNA and DMC funding sources.

Worksheet "7990NTP-P-C"

HEADING: Enter the County Name, Provider Name, Contract Period, Date Prepared, and Medi-Cal 4-digit Provider Number, and the CADDs 6-digit Provider Number.

UNIT OF SERVICE RATE:

CHANGES IN THIS AREA ARE ONLY ALLOWED IF THE PROVIDER CLAIMS AT A CUSTOMARY CHARGE WHICH IS LESS THAN THE DMC MAXIMUM RATE. If that is the case, enter the customary charge rate under the "Provider Rate" column for the affected service areas. **DO NOT CHANGE THE ADMINISTRATIVE RATE.**

NUMBER OF UNITS OF SERVICE:

1. Enter the total units of service submitted for the fiscal year in the Submitted UOS column for each service provided.
2. Enter the total number of denied units of service for the fiscal year in the Denied UOS column for each service provided.
3. Enter the total number of adjusted units of service (obtained from ADP 5035C – Provider Report of DMC Claims Adjustment) for the fiscal year in the Adjusted UOS column for each service provided.
4. Enter the total approved/final units of service for the time period between July and September in the appropriate column for each service provided.
5. Enter the total approved/final units of service for the time period between October and June in the appropriate column for each service provided.

6. The Check Total column contains a formula to calculate the total units of service for the entire fiscal year. The figures in the Final UOS Column and the Check Total column must be the same, if not the figures should be adjusted to equal the same amount for each service provided.

TOTAL PROGRAM UNITS AND MILLIGRAMS:

1. Enter the Share of Cost Amount.
2. Enter the total number of Methadone Units and Methadone Milligrams dispensed during the fiscal year for the entire program (NNA, DMC, and Private Pay).

Worksheet “7895NTP-P-C” – Page 1

Again, this form is only required if the program has both NNA and DMC funding.

HEADING: Enter the County Name, Contractor, Contract Period, Date Prepared, and Medi-Cal 4-digit Provider Number, and the CADDs 6-digit Provider Number.

LINES H and I: For each line, enter the total amount applicable to each cost center (Private Pay, Medi-Cal and/or NNA/Public).

LINES J1 thru J8: Enter the total of the funding sources listed for each cost center. For county-operated programs, enter all funding sources in the appropriate line.

LINES K thru K3: Enter the total amounts applicable to each cost center.

LINE M1 thru M6: Enter the number of regular clients that received Methadone services in the applicable column.

Worksheet “7895NTP-P-C” – Page 2

EXPENSES: For each line expense, enter the total cost to each applicable cost center. Remember, do not enter information in the cells where a “0” is located.

INDIRECT COSTS: Enter the Indirect Cost for each applicable cost center

DMC ADMIN. Under the Medi-Cal column, enter the total amount of Drug Medi-Cal County administration.

The information entered on Page 2 of this worksheet rolls forward to Page 1 of this worksheet.

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